

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item 1 of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item 1 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

---

TN No. 92-5

Supersedes  
TN No. NEW

Approval Date 3/11/92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 2  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

QMBs:	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance

---

Other	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Medicaid					
Recipients	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance

---

Dual	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Eligible					
(QMB Plus)	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance

---

---

TN No.	<u>92-5</u>	Approval Date	<u>3/11/92</u>	Effective Date	<u>1/1/92</u>
Supersedes	<u>NEW</u>				
TN No.	<u>NEW</u>				

---

HCFA ID: 7982E '

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 3  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

1. Other Medicare covered services not covered under the State plan are reimbursed at the full amount or at the Medicaid allowable amount.

---

TN No. 92-5  
Supersedes            Approval Date 3/11/92 Effective Date 1/1/92  
TN No. NEW

HCFA ID: 7982E